U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OEM -	
1. File Number U-//369 n/a - first filing	2. Fiscal Year Covered From:
II/A - IIISC IIIIIII	01 /01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	3. Name, file number, and address of labor organization.
Name SANTO LANZAFAME	Name Bricklayers & Allied Craftworkers LU 1
	Labor Organization File Number 540-021
P.O. Box, Bldg., Room No., if any 2nd Floor	P.O. Box, Building and Room Number, if any 2nd Floor
Street 4 Court Square	Street 4 Court Square
City Long Island City	City Long Island City
State NY ZIP Code + 4 11101	State NY ZIP Code + 4 ZIP Code + 4
5. Position in labor organization.	
• • •	spouse or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization re	erived income or other economic benefit of presents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	0
State ZIP Code + 4	
	nature
15. Signature and verification. The undersigned declares, under penalt information submitted in this report (including the information containe and is, to the best of the undersigned's knowledge and belief, true, cor	d in any accompanying documents), has been examined by the signatory
Signed Santo Janzalame	on 7/7/05 (718) 392-0525
Signed Stant Junizianine	On
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing SANTO LANZA FAME	File Number U-n/a first filing
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name HONL SHERS PENSIUM & MINIUM KUNG Trade Name, if any: P.O. Box, Bldg., Room No., if any LLh FOUL Street AT3 Will 35th SHRUT City Will Will State M. ZIP Code + 4 MINIUM	11.a. Nature of such dealing. Health & Pensich Winsulfunts Luturists 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Spensic Reil a lunch directly after a Buard of Musly Majing. The value of the Mill is listing.
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	Is A and B above)
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
1.1.00.10000	

Name of Person Filing SANTO LANZAPAME File Number U-n/a first filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: THE SEGAL CO. a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Street | PARK AUE ___ c. Employer City NEW YORK State <u>NY</u> ZIP Code + 4 100/6 - 589 5 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. Name BRICKLAYERS UNION LDC. COUSULT ANTS + ACTUARIES Trade Name, if any: UNION BENEFIT FUNDS P.O. Box, Bldg., Room No., if any ____ Street 6605 WOOD HAVEN BLVD 11.b. Approximate dollar value of such dealing. リルドルゥル い・ City REGO PARK 12.a. Nature of interest held or income received. SPONSORED DINNER BEFORE GENERAL MEMBERSHIP MEETIND ARPADX, 47 -12.b. Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 14.b. Amount of payment. 13.a. Is the Business an Employer _____ or Consultant \

SANTO LANZAR ANE File Number U- n/a first filing Name of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name HOLM + D'HARA LLP a. Labor Organization Trade Name, if any: _____ b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 420 LEXINGTON AUE City NEW YORK 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. UNION PTTOENEY Name _____ Trade Name, if any: P.O. Box, Bldg., Room No., if any _____ 11.b. Approximate dollar value of such dealing. リルス きいん ノ・ 12.a. Nature of interest held or income received. ATTENDANCE AT GOLF TOURNAMENT State _____ ZIP Code + 4 _____ 12.b. Amount △ 12.b. Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment, (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 14.b. Amount of payment. 13.a. Is the Business an Employer or Consultant

Name of Person Filing SANTO LANZAFAME	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	rotherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name INTERNATIONAL MASONEY INSTITUTE	a. Labor Organization
Trade Name, if any:	-
P.O. Box, Bldg., Room No., if any	b. Trust
Street 42 EAST STREET	c. Employer
City HANAPOlis	~
State MANAYLAND ZIP Code + 4 2 1401	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PRYMENTS ARE MADE TO The INTERNATIONAL MASONRY INSTITUTE PURSUANT TO
Trade Name, if any:	Collective BARGAINING AGREEMENTS
P.O. Box, Bldg., Room No., if any	Negotiated by The Wallow.
Street	14 b. Approximate dellar value of such 4.12
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	- I see that the s
	12.b. Amount /3 1/0, /9
C. Received from any employer (other than an employer covered under pa or from any labor relations consultant to an employer any payment of mon	ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.

Name of Person Filling SANTO LANZAFAME		File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the busi actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Bricklayers & Allied Craftworkers Fringe Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 66-05 Woodhaven Boulevard	9. Business deals with: x a. Labor Organization b. Trust c. Employer	on
City Rego Park State NY ZIP Code + 4 11374		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name		t plan providing benefits
Street	11.b. Approximate dollar va	iue of such dealing. unknown
City	on Employee Benef Fl. in May 2004. directly or indir	merican Alliance Conference it Plans held in Orlando I rec'd reimbursed exp's rectly for registration, meals & transportation
C. Received from any employer (other than an employer covered under part	ts A and B above)	
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	y or other thing of value. 14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street		
City		,
State ZIP Code + 4		

13.a. Is the Business an Employer

14.b. Amount of payment.

or Consultant

Name of Person Filling SANTE LANZATA LINE	· · · · · · · · · · · · · · · · · · ·	File Number U-n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the bus actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Labor Management Cooperation		
Committee (LMCC) Trade Name, if any:	a, Labor Organizati	on
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 4 Court Square	c. Employer	
City Long Island City		
State NY ZIP Code + 4 11101		
10. If 9.b. or 9.c. is checked give trust or employer's name.		gement committee created
Name	to promote union various charitie	labor in the industry &
Trade Name, if any:		,
P.O. Box, Bldg., Room No., if any		
Street		
City		lue of such dealing. unknown
·	12.a. Nature of interest hel	
State ZIP Code + 4	In June 04, our l	LMCC sponsored a golf outing seeds going to Muscular
	Dystrophy Associa	ation. I attended, dined,
	but did not play	golf. The value of meal &
	beverage is estir 12.b. Amount	· · · · · · · · · · · · · · · · · · ·
		Approx. \$90
C. Received from any employer (other than an employer covered under pare from any labor relations consultant to an employer any payment of mone		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZiP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0

SANTO LANZAFAME File Number U-n/a first filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Amalgamated Bank X a. Labor Organization Trade Name, if any: ____ P.O. Box, Bldg., Room No., if any _____ c. Employer Street 15 Union Square City New York New York ZIP Code + 4 10003 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. BANKING Trade Name, if any: P.O. Box, Bldg., Room No., if any _____ 11.b. Approximate dollar value of such dealing. <u>INKNOW A</u> 12.a. Nature of interest held or income received. I RECEIVED A BLANKET POR State _____ ZIP Code + 4 ____ ChRISTMAS 12.b. Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 14.b. Amount of payment, 13.a. Is the Business an Employer or Consultant

Name of Person Filling SaleTe LAUZA PAUE		File Number U-n/a first filing
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the busi actively seeking to represent, or or indirectly to, or otherwise	ness
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bricklayers & Allied Craftworkers		
Fringe Benefit Funds	x a. Labor Organization	
Trade Name, if any:	a. Labor Organizatio	on
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 66-05 Woodhaven Boulevard	c. Employer	
City Rego Park		
State NY ZIP Code + 4 11374		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Sponsored benefit plan providing benefits	
Name	to covered member	rs of labor union.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
0''	11.b. Approximate dollar val	ue of such dealing. unknown
City	12.a. Nature of interest held	or income received.
State ZIP Code + 4	I attended a Chri	stmas party held on
	12/16/2004. I do	not know if the value of
	what I consumed e	exceeded \$25.
	12.b. Amount	unknown
. Received from any employer (other than an employer covered under par from any labor relations consultant to an employer any payment of mone	s A and B above) y or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

13.a. Is the Business an Employer

or Consultant

Name of Person Filing SAFTE LANZA FORMS	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name VILLUCK WALL MIN Claus & (NJ) hugh Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ISI BRUGULUL City WILL KK State ZIP Code + 4 1036 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
City ZIP Code + 4	12.a. Nature of interest held or income received. I Received a Christmas gift from the firm. The value of the gift in estimated.
C. Received from any employer (other than an employer covered under par	12.b. Amount "40,00
or from any labor relations consultant to an employer any payment of mone	is A and B above) yor other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
orm LM-30 (2003)	311111 3 3 3 4 6 4 6 4 6 4 6 6 6 6 6 6 6 6 6 6

Name of Person Filing SANTO LANZAFAR	11.7 File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8 Name and address of Business (including trade name, if any).	9. Business deals with:
Name Self Insured Dental Services	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any PO Box 9005	b. Trust
Street303 Merrick Road	c. Employer
City Lynbrook	
State NY ZIP Code + 4 11563	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name BRICKLAYIERS FALLING CRAFT WORKER FRINGE BENG FIT FUNDS	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 66-05 Woodhausn BLVD	
city Rego PARK	11.b. Approximate dollar value of such dealing. 49,000.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12 h Amount
	12.b. Amount / OO.
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
rota, to the pastices on Entipleyor Land Of Consultant Early	

Name of Person Filing	File Number U-n/a first filing
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Gould, Kobrick & Schlapp	_
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 4309	b. Trust
Street 350 5th Ave.	c. Employer
City New York	
State NY ZIP Code + 4 10118	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Union auditor
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. 9,500
State ZIP Code + 4	12.a. Nature of interest held or income received. I played a round of golf and had lunch with
	a partner of the firm. The value of the golf and lunch is estimated.
	12.b. Amount Approx 100
. Received from any employer (other than an employer covered under par	ts A and B above)
r from any labor relations consultant to an employer any payment of mone 3.a. Name and address of Employer or Labor Relations Consultant	y or other thing of value. 14.a. Nature of payment.
(including trade name, if any). Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.

Name of Person Filling SAVIO LANCAP DIME		File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the busi ctively seeking to represent, o r indirectly to, or otherwise	ness · r
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Gould, Kobrick & Schlapp	putarentary	
Trade Name, if any:	X a. Labor Organizati	on
P.O. Box, Bldg., Room No., if any Suite 4309	b. Trust	
Street 350 5th Ave.	c. Employer	
City New York		
State NY ZIP Code + 4 10118		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin Union auditor	g.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar va	alue of such dealing. 9,500
City	12.a. Nature of interest he	
State ZIP Code + 4		istmas gift from the firm. gift is estimated.
	12.b. Amount	Approx. 75
C. Received from any employer (other than an employer covered under parter from any labor relations consultant to an employer any payment of mone		
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0

Name of Person Filing SAIRTE LANZAFA	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is: (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name WWW. W. W	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Mick Wy 5 f Will Chaftworklin's FRINGE SUPPLY HUNGS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Work Wy W Bly L.	11.a. Nature of such dealing. WYSTMSN WNSUTUNT TO BENEFIT FUNU 11.b. Approximate dollar value of such dealing. UNKNOWN
State N. J. ZIP Code + 4 1374	12,a. Nature of interest held or income received. I played a klumb of golf fifth lunch with principle of the firm. The value of the like. 13. D. Amount
C. Received from any employer (other than an employer covered under par	ts A and B above)
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.